

Please type a plus sign (+) inside this box →

+

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0038

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	14399/YOD ITWO:0071	Total Pages	42
	First Named Inventor or Application Identifier			
	Gary R. Samler			
	Express Mail Label No.	EV 410 034 530 US		

22390
10729447
120503

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application, P.O. Box 1450 Alexandria, Virginia 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification Total Pages 19 <small>(preferred arrangement set forth below)</small> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 5 Total Pages 15	ACCOMPANYING APPLICATION PARTS		
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>	8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small>	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(where there is an assignee)</small>		
	10. <input type="checkbox"/> English Translation Document <small>(if applicable)</small>		
	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
	12. <input type="checkbox"/> Preliminary Amendment		
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)		
	14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired		
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>		
	16. <input checked="" type="checkbox"/> Other PTO-2038		
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____ / ____			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <small>(Insert Customer No. or Attach bar code label here)</small>			
NAME	Patrick S. Yoder		
	FLETCHER YODER		
ADDRESS	P.O. Box 692289		
CITY	Houston	STATE	Texas
COUNTRY	USA	TELEPHONE	(281) 970-4545
		ZIP CODE	77269-2289
		Fax	(281) 970-4503

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, Alexandria, VA 22313-1450

FEE TRANSMITTAL**Complete if Known**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Gary R. Samler
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	14399/YOD (ITWO:0071)

TOTAL AMOUNT OF PAYMENT (\$) 1,072.00**METHOD OF PAYMENT (check one)**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit Account Number 06-1315/14399/YOD (ITWO:0071)
Deposit Account Name FLETCHER YODER
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)

2. ☒ **Payment Enclosed:**
☐ Check ☐ Money Order ☒ Other
PTO-2038

FEE CALCULATION (fees effective 10/01/03)**1. FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility filing fee	<u>770.00</u>
106	330	206	165	Design filing fee	—
107	540	207	270	Plant filing fee	—
108	790	208	395	Reissue filing fee	—
114	150	214	75	Provisional filing fee	—
SUBTOTAL (1)					(\$) <u>770.00</u>

2. CLAIMS

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	—
102	80	202	40	Independent claims in excess of 3	—
104	270	204	135	Multiple dependent claim	—
109	82	209	41	Reissue independent claims over original patent	—
110	22	210	11	Reissue claims in excess of 20 and over original patent	—
SUBTOTAL (2)					(\$) <u>262.00</u>


FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	—
127	50	227	25	Surcharge - late provisional filing or cover sheet.	—
139	130	139	130	Non-English specification	—
147	2,520	147	2,520	For filing a request for reexamination	—
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	—
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	—
115	110	215	55	Extension for response within first month	—
116	400	216	200	Extension for response within second month	—
117	950	217	475	Extension for response within third month	—
118	1,570	218	755	Extension for response within fourth month	—
119	310	219	155	Notice of Appeal	—
120	310	220	155	Filing a brief in support of an appeal	—
121	270	221	135	Request for oral hearing	—
138	1,510	138	1,510	Petition to institute a public use proceeding	—
140	110	240	55	Petition to revive unavoidably abandoned application	—
141	1,320	241	660	Petition to revive unintentionally abandoned application	—
142	1,320	242	660	Utility issue fee (or reissue)	—
143	450	243	225	Design issue fee	—
144	670	244	335	Plant issue fee	—
122	130	122	130	Petitions to the Commissioner	—
123	50	123	50	Petitions related to provisional applications	—
126	240	126	240	Submission of Information Disclosure Stmt	—
581	40	581	40	Recording each patent assignment per property (times number of properties)	<u>40.00</u>
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	—
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	—
Other fee (specify) —					—
Other fee (specify) —					—
SUBTOTAL (3)					(\$) <u>40.00</u>

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Ralph A. Graham	Reg. Number	47,607
Signature		Date	December 5, 2003
		Deposit Acct. User ID	06-1315/ITWO:0071/YOD (14399)